2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000059736

Entity Name: TOTAL BENEFITS SOLUTIONS, INC.

FILED Sep 06, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

1072 BEACH AVENUE ATLANTIC BEACH, FL 32233

Current Mailing Address: New Mailing Address:

149 E. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH, FL 32118

FEI Number: 47-0940842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MASSFELLER, JULIE M REAMES, JULIE M

149 E INTERNATIONAL SPEEDWAY BLVD 149 E INTERNATIONAL SPEEDWAY BLVD

DAYTONA BCH, FL 32118 US DAYTONA BCH, FL 32118 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JULIE MASSFELLER REAMES 09/06/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

Name: SUAREZ, JOEL N Name: Address: 149 E INTERNATIONAL SPEEDWAY BLVD Address:

City-St-Zip: DAYTONA BCH, FL 32118 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition
Name: MASSFELLER, JULIE Name: REAMES, JULIE M

Name: MASSFELLER, JULIE Name: REAMES, JULIE M
Address: 149 E INTERNATIONAL SPEEDWAY BLVD Address: 149 E INTERNATIONAL SPEEDWAY BLVD

City-St-Zip: DAYTONA BCH, FL 32118 City-St-Zip: DAYTONA BCH, FL 32118

Title: C () Delete Title: () Change () Addition

Name: REAMES, ELBERT Name:

Address: 149 E INTERNATIONAL SPEEDWAY BLVD Address:
City-St-Zip: DAYTONA BCH, FL 32118 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE MASSFELLER REAMES T 09/06/2006